Date: [Insert Date]

To: [Referring Physician Name]
From: [Consultant Name/Department]
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

RE: High-Risk Pregnancy Consultation - Red Cell Alloimmunization

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] today regarding her pregnancy complicated by red cell alloimmunization. Below is the summary of our findings and the recommended management plan.

Clinical History:
The patient is a [Age]-year-old G[Number]P[Number] at [Number] weeks gestation. Her history is significant for [Details of previous sensitized pregnancies or transfusions].

Current Serology:
- Antibody Identified: [e.g., Anti-D, Anti-Kell, Anti-c]
- Current Titer: [e.g., 1:16]
- Paternal Phenotype/Genotype: [Known/Unknown/Heterozygous]

Assessment:
[Patient Name] is at high risk for Hemolytic Disease of the Fetus and Newborn (HDFN). Based on the current titer of [Titer], the pregnancy has reached/is approaching the critical threshold for monitoring fetal anemia.

Recommendations and Plan:

- **Titer Monitoring:** Repeat antibody titers every [Number] weeks until the critical titer of [Number] is reached.
- **Fetal Surveillance:** Initiate Middle Cerebral Artery Peak Systolic Velocity (MCA-PSV) doppler assessments starting at [Number] weeks, to be performed every [1-2] weeks.
- **Ultrasound:** Perform serial growth scans and evaluations for signs of fetal hydrops (e.g., ascites, pericardial effusion).
- **Delivery Planning:** Anticipated delivery at [Number] weeks, pending stable fetal status.
- **Neonatal Coordination:** Notify the Neonatology team and blood bank of the potential need for exchange transfusion at birth.

Thank you for the opportunity to participate in the care of this patient. We will continue to co-manage this pregnancy closely with your office.

Sincerely,

[Your Signature]
[Your Printed Name and Title]
[Contact Information]